


COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE: August 31, 2016

FROM:  KELLEY S. FRASER, COMMANDER
SOUTH PATROL DIVISION

TO: MYRON R. JOHNSON, CAPTAIN
MAJOR CRIMES BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number: SH2358213

Incident: Hit Shooting

Incident Date: June 25, 2014

Unit: Major Crimes Bureau

Suspect(s): Jaimez, James MH/111984

Involved Employees: Deputy Jose Arellano # [REDACTED]
Deputy Arturo Barrera # [REDACTED]
Deputy Michael Carpenter # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy Ruth Shen # [REDACTED]
Sergeant [REDACTED] # [REDACTED]
Lieutenant Donnie Johnson # [REDACTED]

EFRC Date: August 25, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC made no recommendations.

KSF:TLB:tlb

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 06/25/2014		Bureau/Station/Facility: Major Crimes Bureau		Admin. Invest.? <input checked="" type="checkbox"/> HIX? <input checked="" type="checkbox"/>	
Incident Information					
URN: 014-00044-3199-011		Date: 06/25/2014		Time: 1705 hrs	
City or Station: Apple Valley, Ca		Nature of Incident: Major Crimes Bureau attempted to arrest a known murder suspect. Suspect fired at deputies. Deputies returned fire, striking the suspect.			
Location: Bear Valley Road at Central Avenue					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input checked="" type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: Btwn 0 inches to 167 ft		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy 98		Total # of Shots Fired by Suspect 6		Initiated by (check only one): <input checked="" type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input checked="" type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input type="checkbox"/> Routine Patrol Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name Khounthavong	First Name John	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input checked="" type="checkbox"/> Involved in shooting	
Employee #	Last Name Johnson	First Name Donnie	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input checked="" type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
Watch Commander					
Employee #	Last Name Johnson	First Name Donnie	M.I.		

PSTD Use Only	
SH #	

Rollout Information				
Arrival Date	06/25/2014	Arrival Time	1938	Date Submitted
Employee #		Last Name	First Name	M.I.
		Morris	Patrick	E
Employee #		Last Name	First Name	M.I.
		Carrizosa	Slade	M
Employee #		Last Name	First Name	M.I.
		Carter	Quitman	V

Shooting / Force Information

Method

(AW) Arwen	(OV) Other Weapon: Vehicle
(BC) Baton: (Control)	(OB) Other Weapon: Blunt Object
(BI) Baton: (Impact)	(OO) Other Weapon: Other
(BF) Bodily Fluids	(PK) Personal Weapon: Feet/Leg: (Kick)
(CN) Canine	(PS) Personal Weapon: Feet/Leg: (Sweep)
(CR) Carotid Restraint	(PH) Personal Weapon (Hand/Arm)
(CH) Choke Hold	(PP) Personal Weapon (Push)
(CT) Control Holds: (Control Techniques)	(PO) Personal Weapon (Other)
(TT) Control Holds: (Team Takedown)	(RS) Resistance
(TD) Control Holds: (Takedown)	(CN) Restraint Device (Capture Net)
(CE) Chemical	(RH) Restraint Device (Handcuffs)
(OC) Chemical Agents (OC Spray)	(HB) Restraint Device: Hobble (Legs Only)
(TG) Chemical Agents (Tear Gas)	(TP) Restraint Device: Hobble (TARP)
(EX) Explosives	(RE) Restraint Device: REACT Belt
(FH) Firearm (Handgun)	(SP) Sap
(FR) Firearm (Rifle)	(SH) Shield
(FS) Firearm (Shotgun)	(SG) 37mm Stinger
(FO) Firearm (Other)	(SB) Sting Ball
(FB) Flashbang	(ST) Stun Bag
(FL) Flashlight	(TR) Taser
(OE) Other Weapon: Edged	(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47	(IV) Iver Johnson	(RO) Rossi
(BN) Benelli	(JE) Jennings	(SW) Smith & Wesson
(BR) Beretta	(LO) Lorcin	(SR) Sturm Ruger
(BW) Browning	(LU) Luger	(SS) SIG Sauer
(CH) Charter Arms	(MA) Marlin	(ST) Sterling
(CO) Colt	(MO) Mossberg	(TA) Taurus
(DA) Davis Industries	(NC) NCI aka SKS	(WE) Weatherby
(GL) Glock	(NA) North American	(WN) Winchester
(HA) Harrington & Richardson	(NO) Norinco	(US) US Government
(HI) Hi Standard	(RA) Raven	(YY) Handmade (Inmate)
(HK) H & K	(RM) Remington	(OX) Homemade (Non-Inmate)
(IT) Ithaca	(RG) RG	(ZZ) Other Brand
	(RI) RGI	

(RM) Refused Med Treatment
(NN) NONE

Caliber

(9) 9 mm	(24) .243 caliber	(41) .410 guage
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 guage	(30) .308 caliber	(45) .45 caliber
(20) 20 guage	(35) .357 caliber	(50) 50 mm
(21) .22-250	(36) 30-80 caliber	(SL) Slug
(22) .22 caliber	(38) .38 caliber	(WW) Other caliber
(23) .223 caliber	(40) .40 caliber	

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S-1	E-1	FH	BR	9				
E-1	S-1	FH	BR	9	Y	Y	GS	AD
E-4	S-1	FH	BR	9	Y	Y		
E-6	S-1	FH	SW	9	Y	Y		
E-8	S-1	FR	CO	23	Y	Y	GS	
S-1	E-9	FH	BR	9				
E-9	S-1	FH	BR	9	Y	Y	GS	LE
S-1	W-1	FH	BR	9			AB	NK
E-5	S-1	FH	BR	9	Y	Y		
E-6	S-1	FR	HK	9	Y	Y		
S-1	E-2	FR	BR	9				
E-7	S-1	FR	SW	9	Y	Y		
E-10	S-1	FR	BR	9	Y	Y		
E-2	S-1	FR	BR	9	Y	Y		

Officer Involved Shooting Involved Employee Information

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Involved Employee												
E 1	Employee #	Last Name			Johnson			First Name		Donnie	M.I.	R
Sex: M		Race: B		Rank: Lieutenant		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.): D4FL				
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:						
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>				
Hrs of sleep prior to shooting: 4		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:						
Age: 5-9		Height: 180		Weight: 180		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings? <input checked="" type="checkbox"/>		Number of Prior Shootings: 2		Directed Force:		
Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 10		Weapons Fired Brand:		Caliber:		# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.						
Field Training Officer Emp #		Last Name		First Name		M.I.						
E 2	Employee #	Last Name						First Name			M.I.	
Sex:		Race:		Rank: Sergeant		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.):				
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:						
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>				
Hrs of sleep prior to shooting: 6-7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:						
Age:		Height:		Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		Directed Force:		
Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 18		Weapons Fired Brand:		Caliber:		# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.						
Field Training Officer Emp #		Last Name		First Name		M.I.						
E 3	Employee #	Last Name						First Name			M.I.	
Sex:		Race:		Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.):				
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:						
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>				
Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:						
Age:		Height:		Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		Directed Force:		
Weapons Fired Brand: H&K MP 5		Caliber: 9mm		# Shots: 5		Weapons Fired Brand:		Caliber:		# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.						
Field Training Officer Emp #		Last Name		First Name		M.I.						

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 4	Employee #	Last Name			First Name			M.I.		
	Sex: M		Race: H		Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.): D4H2	
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 5-7		Height: 210		Weight: 210					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings? <input checked="" type="checkbox"/>		Number of Prior Shootings: 1	
	Weapons Fired Brand: Beretta		Caliber: 9		# Shots: 3		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
Field Training Officer Emp #		Last Name			First Name			M.I.		
E 5	Employee #	Last Name			First Name			M.I.		
	Sex: F		Race: O		Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.): D4G5	
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: Unk		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors: Retired			
	Age: 5-3		Height: 135		Weight: 135					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
	Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 4		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
Field Training Officer Emp #		Last Name			First Name			M.I.		
E 6	Employee #	Last Name			First Name			M.I.		
	Sex: [Redacted]		Race: [Redacted]		Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.): [Redacted]	
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6-8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: [Redacted]		Height: [Redacted]		Weight: [Redacted]					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
	Weapons Fired Brand: SAW M&P		Caliber: 9mm		# Shots: 18		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
Field Training Officer Emp #		Last Name			First Name			M.I.		

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 7	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.):			
	Shift Time (circle only one): M PM Day		Shift Type (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 2		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest		Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest		Other Factors:	
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
	Weapons Fired Brand: S/W M&P		Caliber: 9mm		# Shots: 5		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			
E 8	Employee #		Last Name			First Name: Michael		M.I.		
	Sex: M	Race: W	Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.): D4F23			
	Shift Time (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		Shift Type (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 5		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest		Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest		Other Factors:	
	Age:		Height: 6-2		Weight: 250					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings: 1	
	Weapons Fired Brand: Colt M4		Caliber: .223		# Shots: 18		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			
E 9	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank: Deputy		Unit Assignment: Major Crimes Bureau		Work Assignment (Unit #, Module, etc.):			
	Shift Time (circle only one): M PM Day		Shift Type (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 4		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest		Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest		Other Factors:	
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
	Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 12		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.		
Field Training Officer Emp #		Last Name			First Name		M.I.			

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 10	Employee #	Last Name			First Name			M.I.		
		Arellano			Jose					
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: Major crimes Bureau		Work Assignment (Unit #, Module, etc.): D4G1			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: Unk		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors: Retired			
	Age: 5-10	Height: 175	Weight: 175		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand: Beretta		Caliber: 9mm	# Shots: 5	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name			M.I.	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
E	Employee #	Last Name			First Name			M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name			M.I.	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
E	Employee #	Last Name			First Name			M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:		
	Field Training Officer Emp #		Last Name			First Name			M.I.	
	Field Training Officer Emp #		Last Name			First Name			M.I.	

Officer Involved Shooting Suspect Information

URN: 014-00044-3199-011

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Suspect Information

S 1	Last Name		Jaimez		First Name		James		M.I.		W	
	AKA Last Name				First Name				M.I.			
	Sex: M		Race: H		Street Address		City		State & Zip Code			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age: 29		D.O.B.: 11/19/1984		Height: 5-11		Weight: 200		FBI #		CII #	
	Booking #		Primary Charge:		187 P.C.		Secondary Charge:					
	Coroner Case? <input checked="" type="checkbox"/>		Coroner Case #		701404843		Intoxication/Drug Usage? <input checked="" type="checkbox"/>		Substance Used:		Methamphetamine	
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History?					
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:	
	Nissan Titan		2006									
S	Last Name				First Name				M.I.			
	AKA Last Name				First Name				M.I.			
	Sex:		Race:		Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #		CII #	
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case? <input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>					
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:	
S	Last Name				First Name				M.I.			
	AKA Last Name				First Name				M.I.			
	Sex:		Race:		Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #		CII #	
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case? <input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>					
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:	
S	Last Name				First Name				M.I.			
	AKA Last Name				First Name				M.I.			
	Sex:		Race:		Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #		CII #	
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case? <input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>					
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:	

Los Angeles County Sheriff's Department

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Non-Employee Witnesses			
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Employee Witnesses			
Last Name	Luther	First Name	Michael
			M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zip Code	90808
		Work Ph	526-421-2701
			Home Ph
Last Name	Haughey	First Name	John
			M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zip Code	90808
		Work Ph	562-421-2701
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph
Last Name		First Name	
			M.I.
Street Address		Zip Code	
		Work Ph	
			Home Ph